



Affidavit of Waiver of Restrictions and Delays

PLEASE PRINT OR TYPE.

Taxpayer Legal Name		Louisiana Tax Account Number	
Address			
City	State	ZIP	
Contact Person		Telephone Number	
Type(s)			
Tax Periods		Total Liability	

AFFIDAVIT OF WAIVER OF RIGHTS, RESTRICTIONS, AND DELAYS

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned Notary Public in and for the Parish/County of _____,

State of _____, comes:

Name of Affiant (Taxpayer) _____

Who having been duly sworn, deposed and said that:

I hereby waive all rights, restrictions, and delays for assessing, protesting, and collecting taxes and interest due to the Louisiana Department of Revenue, as set forth in LSA R.S. 47:1562 through 1565 and 1576. I understand that this waiver makes all tax, interest, and penalty immediately due and payable and subject to the distraint procedure provided for in Title 47 of the Louisiana Revised Statutes.

Affiant (please print) (Taxpayer or any officer of the corporation)

Affiant Signature

Title

Thus done and signed at _____ (City), State of _____, this _____ (day) of _____ (Month), _____ (year), in the presence of the undersigned witnesses, of the full age of majority, and me, Notary, after a full and complete reading of the whole.

(1) Witness Name (please print)		(2) Witness (please print)	
(1) Witness Signature		(2) Witness Signature	
Notary Public Name (please print).	Notary Public Signature		My commission expires (seal)